Intern Application Form

815 N. Broadway, Tyler, Texas 75702

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Personal Information:

Last Name First Name Middle Name

Address City State Zip

Home Work Cell Referred By

Department(s) In Which You Wish To Have Your Internship:

- ☐ WIC
- ☐ Immunizations
- ☐ Vital Statistics
- ☐ Tuberculosis Department
- ☐ Any Department as Needed
- ☐ Environmental Health (Food/Other Inspect.)
- ☐ Laboratory
- ☐ Community Outreach
- ☐ Center for Healthy Living
- ☐ Other: _____

Indicate The Days And Times You Wish Work Your Internship:

- ☐ Monday / Time_____To _____
- ☐ Tuesday / Time_____To_ Wednesday
- ☐ / Time_____To _____
- ☐ Thursday / Time_____To _____
- ☐ Friday / Time_____To _____

Education:

High School Attended Location Years completed Did you graduate? ☐ Yes ☐ No

College Attended Location Years completed Did you graduate? ☐ Yes ☐ No Degree: _____

Trade, Business, or Correspondence School Years completed Did you graduate? ☐ Yes ☐ No

Experience Related to the Department you wish to serve your internship? _____

Why do you wish to intern for our agency? _____

Indicate your general area of interest _____

Is your internship required by school?_____If yes, how many hours are needed? _____

All requests to intern must be approved by the Chief Executive Officer, Human Resource Director and the Department Head prior to starting the internship. I certify that the information provided is true and correct.

Signature Date